



APPLICATION FOR A GRADE "A" MILK PRODUCER LICENSE

Washington State Department of Agriculture

Food Safety Program

PO Box 42560

Olympia WA 98504-2560

(360) 902-1875

TYPE OF APPLICATION (Check All That Apply)

- ☐ NEW ☐ FAMILY NAME CHANGE ☐ ADDRESS CHANGE
☐ CANCELLATION ☐ OWNERSHIP CHANGE ☐ OTHER (Specify) _____

APPLICANT INFORMATION (Please Print)

FARM NAME			
ADDRESS OF FARM (PHYSICAL LOCATION)			TELEPHONE NUMBER (INCLUDE AREA CODE)
LOCATION CITY	LOCATION STATE	LOCATION ZIP	COUNTY
MAILING ADDRESS OF FARM (IF OTHER THAN PHYSICAL LOCATION ADDRESS SHOWN ABOVE)			
MAILING CITY		MAILING STATE	MAILING ZIP
WILL BE SHIPPING MILK TO:		EFFECTIVE DATE	SHIPPING NUMBER

BUSINESS STRUCTURE INFORMATION

BUSINESS TYPE (CHECK ONE)

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY CORPORATION (LLC)

PLEASE LIST NAMES, TITLES AND ADDRESSES OF ALL PARTNERS AND/OR CORPORATE OFFICERS BELOW. ATTACH ADDITIONAL SHEET IF NECESSARY.

PARTNER/CORPORATE OFFICER #1 NAME	PARTNER/CORPORATE OFFICER #1 TITLE	PARTNER/CORPORATE OFFICER #1 ADDRESS (INCLUDE CITY, STATE, ZIP)
PARTNER/CORPORATE OFFICER #2 NAME	PARTNER/CORPORATE OFFICER #2 TITLE	PARTNER/CORPORATE OFFICER #2 ADDRESS (INCLUDE CITY, STATE, ZIP)
PARTNER/CORPORATE OFFICER #3 NAME	PARTNER/CORPORATE OFFICER #3 TITLE	PARTNER/CORPORATE OFFICER #3 ADDRESS (INCLUDE CITY, STATE, ZIP)

PROVIDE NAME, ADDRESS & PHONE NUMBER OF INDIVIDUAL RESIDING IN WASHINGTON WHO IS AUTHORIZED TO RECEIVE AND ACCEPT OFFICIAL MAIL.

WA RESIDENT PROCESS AGENT NAME (REQUIRED)	PROCESS AGENT ADDRESS (INCLUDE CITY, STATE, ZIP)	PROCESS AGENT PHONE # (INCLUDE AREA CODE)
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IMPORTANT NOTICE TO APPLICANT

- A Grade "A" Dairy Farm **MUST COMPLY** with the requirements of chapter 15.36 RCW.
- Uncorrected violations of the requirements of chapter 15.36 RCW may result in corrective action by the department as provided for in chapter 15.36 RCW or other applicable regulations.
- Such a license may be temporarily suspended or a civil penalty assessed by the director upon violation by holder of any terms of this chapter, or interference with the director in the performance of his duties, or revoked after an opportunity for a hearing by the director upon serious or repeated violations.
- Every milk producer and distributor shall permit the director access to all parts of the establishment during the working hours of the producer or distributor, which shall at a minimum include the hours from 8 a.m to 5 p.m.
- It is the responsibility of the milk producer to ensure they are also in compliance with other agency regulations, i.e. County Health District and Department of Ecology.

I have read and understand the above notice, and agree to the conditions as set forth therein.

SIGNATURE OF APPLICANT _____

TITLE _____ DATE SIGNED _____

PLEASE RETURN COMPLETED APPLICATION TO: WSDA FOOD SAFETY PROGRAM